

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KW	76331	
O.I.P.E. CLASSIFIER	1000	68971	5/15/00
FORMALITY REVIEW	1000	108971	9/22/00
RESPONSE FORMALITY REVIEW	1000		

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
5	5/28/00
9	5/28/00
10	5/28/00
11	5/28/00
12	5/28/00
13	5/28/00
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42	5/28/00
43	5/28/00
44	5/28/00
45	5/28/00
46	5/28/00
47	5/28/00
48	5/28/00
49	5/28/00
50	5/28/00

Claim	Date
Final	
Original	
52	5/28/00
53	5/28/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here